



## Team Physician Award Nomination Form

**Deadline to Return this Form is December 1st**

**Candidate Information:**

NATA or PATS Member: Yes:  No:

If "yes", membership number: \_\_\_\_\_

NPI number: \_\_\_\_\_ PA Medical License number: \_\_\_\_\_

Link for getting an NPI number if you do not have one: <https://nppes.cms.hhs.gov/NPPES>

**Has this candidate received any disciplinary or corrective actions?** Yes:  No:

**If "YES", please provide details in a separate letter and attach to this application!**

Note: all award applicants are subject to a background audit of their Public Record as it relates to the practice of medicine in accordance with the State Board of Medicine of Pennsylvania

Name:

Address:

Phone:

Employer:

Email:

**Please describe in depth why this person is deserving of the PATS Honorary Team Physician Award.**

*The nominee must be, or have been, in a Team Physician role with 10 or more years of service in the Commonwealth. Additional consideration includes, but is not limited to, professional activities, honors and awards, establishment of programs to benefit the overall health care of the athletes of the Commonwealth, and any other significant liaison service with Athletic Trainers whom they work alongside. **If your recommendation exceeds the amount of space below, you may use additional pages.***

**Nominator's Information:**

*I am a member in good standing of the Pennsylvania Athletic Trainers' Society:*      **Yes:**       **No:**

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Name:

Phone:

Address:

NPI#:  
(see link above if you do not have one!)

Employer:

Email:

Signature: \_\_\_\_\_

Date: